



**SPECIMEN SUBMISSION FORM FOR POTENTIAL CASES OF SARS**

**PATIENT IDENTIFICATION INFORMATION**

Patient Name \_\_\_\_\_ Patient Identification Number \_\_\_\_\_  
 Patient Date of Birth or Age: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) or \_\_\_ years Gender: Male Female  
 Patient's Residence: \_\_\_\_\_ (Town/Province/State/Country)  
 Date of Onset: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**SPECIMENS FOR THIS PATIENT BEING SENT IN THIS SHIPMENT**

**I. UPPER RESPIRATORY TRACT**

- A. Nasopharyngeal wash/aspirate Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)
- B. Nasopharyngeal/ oropharyngeal swabs Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**II. LOWER RESPIRATORY TRACT**

- Bronchoalveolar lavage (BAL), tracheal aspirate, or pleural tap Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**III. BLOOD COMPONENTS**

- A. White Blood Cells (CPT tube) Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)
- B. Serum Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)
- C. Whole blood Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**IV. TISSUE**

- A. Fixed tissue Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)
- B. Frozen tissue Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**V. URINE**

- Spun / Unspun (please circle one) Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**VI. STOOL**

- 10--50 ml of stool in a tightly sealed stool cup or urine container Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

**VII. ADDITIONAL SPECIMENS (Please describe)**

Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)  
 Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)  
 Date of Collection: \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY)

Label all packages: “**Diagnostic Specimens. UN 3373. Packed in compliance with IATA packing instructions 650**”.  
 Follow packaging guidelines given in “Packing Diagnostic Specimens for Transport: Summary Instructions”  
 (<http://www.cdc.gov/ncidod/sars/pdf/packingspecimens-sars.pdf>). Use specimen collection instructions given in “Collection and Handling of Specimens for the Evaluation of Potential Cases of SARS”  
 (<http://www.cdc.gov/ncidod/sars/pdf/specimencollection-sars2.pdf>.)

Address the packages to:

**SARS Investigation**  
**Centers for Disease Control and Prevention, Viral Special Pathogens Branch**  
**1600 Clifton Rd NE (MS G-14), Bldg. 15, Rm. B105**  
**Atlanta, GA 30333**  
**Phone: (770)-488-7100**